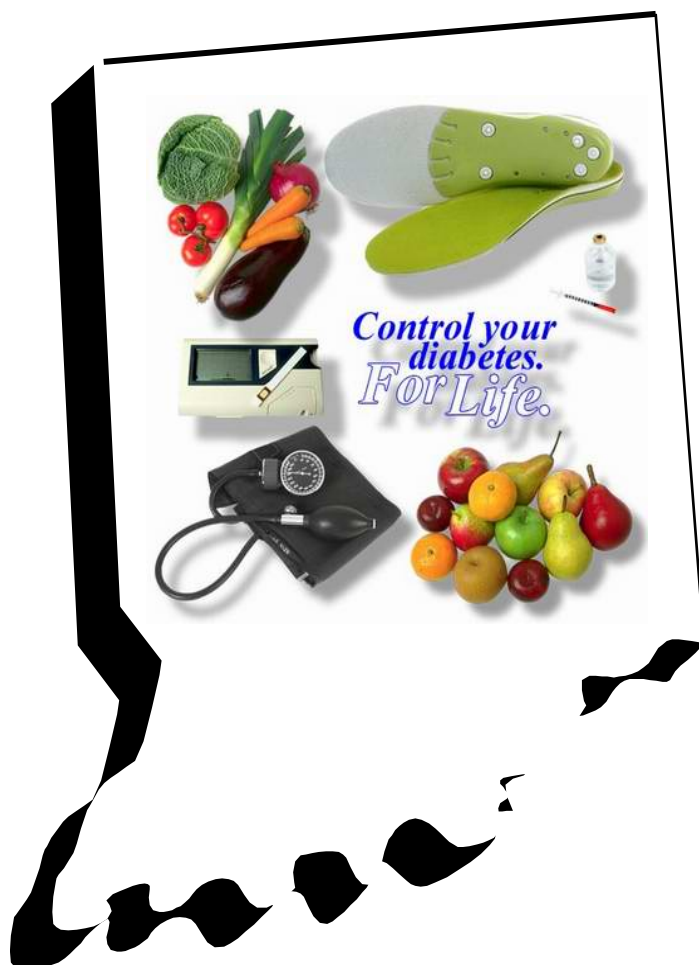


A Plan to Control and Prevent Diabetes in Indiana



**Indiana State Department of Health
Diabetes Prevention and Control Program**

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Priority 1: Assess and monitor the burden of diabetes in Indiana

The Indiana Diabetes Prevention and Control Program (DPCP) measures, analyzes and reports on the diabetes status of Indiana. The state's health status is monitored through data describing critical indicators of health, illness, and health resources that are collected in collaboration with local public health systems and other state partners. To accomplish this, the Diabetes Advisory Sub-Committee of the Chronic Disease Advisory Council recommends:

- ◆ developing and maintaining population-based programs that collect diabetes-related data to measure the state's health status.
- ◆ organizing diabetes-related data into a state health profile that reports trends in health status, risk factors, and resource consumption.
- ◆ tracking and comparing the state's diabetes-related data to national diabetes objectives and other benchmarks.
- ◆ compiling and analyzing data for local, state, and national diabetes surveillance efforts.
- ◆ collaborating with data reporting entities such as local health departments, hospitals, physicians, and laboratories to assure the timely collection, analysis, and dissemination of data.
- ◆ developing and managing a uniform set of diabetes indicators derived from a variety of sources (e.g. hospitals, managed care organizations, health departments, universities) that accommodates state and local diabetes-related data needs.
- ◆ protecting personal health data information by instituting security and confidentiality policies to define protocols for health information access and integrity.
- ◆ preparing and disseminating a statewide diabetes outcome report card.
- ◆ preparing and disseminating a physician report card to physicians.
- ◆ partnering with the Indiana Diabetes Prevention and Control Program.

The Diabetes Advisory Sub-Committee is defined as the state health department working in partnership with other state government agencies, private enterprises, and voluntary organizations that operate statewide to provide services essential to the health of the public.

Priority 2: Quality of Life, Diabetes Control

Quality of life issues encompass many facets: patients, health care professionals, industry and government. In order to improve the care of diabetes patients, cultural beliefs, financial status, emotional/psychological state (acceptance of the disease), and educational level must be identified and addressed. Furthermore, there must be an adequate number of health care teams interested in providing the most current and evidence-based care for this disease process. Finally, resources must be available for all patients, regardless of their ability to pay, ensuring access for all and the elimination of disparities. To improve the quality of life for all Hoosiers with diabetes, the sub-committee recommends the following strategies:

- I. Advocating for policies that reduce barriers and improve access to quality diabetes care and services by:
 - ◆ developing a committee to identify the programs available and assess the needs.
 - ◆ increasing clinical diabetes preventive services
 - ◆ increasing access to services.
 - ◆ reducing disparities to diabetes care.
 - ◆ supporting third party reimbursements for preventive services, outpatient diabetes education, and diabetes supplies.
 - ◆ establishing a clearinghouse/resource guide for people with diabetes and health care providers, describing available programs/services.
 - ◆ developing, distributing, and promoting quality patient education through appropriate channels.
 - ◆ encouraging communication between consumers and payors e.g. defining the basic level of diabetes care.
 - ◆ encouraging physicians and payors to use measurable outcomes, e.g. Diabetes Quality Improvement Program (DQIP).
 - ◆ encouraging collaboration between payors and purchasers (employers/unions).

- ◆ encouraging the continuation and expansion of services to the poor and underserved.

II. Increasing awareness and understanding of diabetes in Indiana by:

- ◆ identifying a group to assess media and outreach resources to advocate for improved and culturally appropriate diabetes messages.
- ◆ funding community-based organizations to provide health promotion activities to those with diabetes.
- ◆ providing public information to people with, or at risk for diabetes, on the condition and complications.
- ◆ funding mass media campaigns to increase the public awareness of diabetes.
- ◆ improving and supporting diabetes education for all health care providers.
- ◆ ensuring that patient education is culturally appropriate.
- ◆ ensuring that education for physicians and other health care providers is available.
- ◆ researching and recommending appropriate models of diabetes care.

Priority 3: Prevention

The ways to prevent or delay diabetes and its complications are well known: regular check-ups, exercise, blood sugar (glucose) control, and healthy eating. The risk factors are also well known: African American, Hispanic, Native American, or Asian American background; family history of diabetes; high or low blood sugar; overweight (20 percent over ideal weight); limited physical activity; age 45 or older; and previous diabetes with pregnancy or giving birth to a baby weighing more than 9 pounds at birth. In order to improve preventive efforts, health care providers and communities must disseminate this knowledge and encourage healthy lifestyle choices. To support these efforts and enhance the provider-patient-community partnership the sub-committee recommends the following strategies:

I. Programs and policies that promote healthy behaviors in communities by:

- ◆ developing a committee to identify programs available and assessing the needs to create policies for living a more healthy lifestyle.

- ◆ creating programs and developing policies that decrease modifiable risk factors, e.g. sedentary lifestyles, and increase protective factors, e.g. access to safe walking environments.
- ◆ funding risk reduction programs that encourage proper nutrition, weight reduction, and increased physical activity.
- ◆ promoting changes in workplace policies affecting workers with diabetes and those who are at risk for diabetes.
- ◆ funding outreach, and developing community and statewide coalitions, i.e., physical activity.

II. Invest in our children by:

- ◆ identifying partners to develop a plan of action for the emerging problem of Type 2 diabetes in children and adolescents.
- ◆ promoting funding for school-based programs, e.g. the CDC Coordinated School Health model.
- ◆ advocating for changes in school-based policies affecting students with diabetes, e.g. National Diabetes Education Program recommendation on the management of diabetes in the school setting.
- ◆ advocating for changes in school-based policies affecting students with diabetes or those who are at risk for diabetes, e.g. increasing physical education and revising vending machine policies to decrease the availability of non-nutritious products.

Priority 4: Advocacy

A number of private and public institutions are working together to improve the quality of life for people with diabetes. In order to address this priority the sub-committee will:

- ◆ establish a committee to examine the following activities, develop a plan of action and advocate for improved diabetes care.
- ◆ promote ongoing diabetes education for and communication with Indiana legislators and administrative officials.
- ◆ lead the development of a unified message to prevent and control diabetes and its complications through national, state, local, and community organizations.

- ◆ develop incentives for public and private sources to create and implement new advocacy programs.
- ◆ develop a statewide resource directory.
- ◆ advocate for increased access to and use of tele-medicine/tele-education.
- ◆ advocate for measurable outcomes and standardized data collection among payors.
- ◆ prepare and disseminate a diabetes report card to the legislature.

Priority 5: Partnerships

The sub-committee is a partnership of many organizations collaborating to reduce the burden of diabetes in Indiana. Partnerships are a prerequisite for successful public health interventions. The sub-committee advocates for strong statewide and local partnerships. To accomplish this, the sub-committee recommends:

- ◆ Continuing the partnership with the Centers for Disease Control and Prevention (CDC). The Indiana Diabetes Prevention and Control Program has received funding from CDC since 1994.
- ◆ Continuing the partnership with the National Diabetes Education Program (NDEP). The NDEP has produced and distributed television, radio, and print public service announcements and brochures that target the general population, the elderly and racial/ethnic minorities.
- ◆ Promoting, providing technical assistance and funding local diabetes coalitions.